

IDENTIEVING INFORMATION

IFTA Authorization Schedule of Disbursements for Diesel Fuel

FUEL TAX SECTION PO BOX 9228 OLYMPIA WA 98507-9228

This form should be used for preparing schedules which support and explain the entries to Schedule B – Fuel Disbursed for the Washington Special Fuel Distributor, Supplier, Importer and Blender tax returns.

DENTIL THO IN ORMATION										
Company Name	mpany Name			License Number			FEIN			
Reporting Period			How are gallons billed?(check one)							
				□ NET	GRO	oss				
Instructions for comp	oletion on i	reverse		_						
1	2	3	4	5	6	7	8	9	10	
Carrier Name	Carrier FEIN	IFTA Authorization Number	Point of Origin	Point of Destination	Purchaser's Name	Purchaser's FEIN	Date of Sale	BOL Number	Billed Gallons	

General Instructions

This form should be used for preparing schedules which support and explain the entries to Schedule B - Fuel Disbursed for the Washington Special Fuel Distributor, Supplier, Importer and Blender tax returns.

Identifying Information

Company Name, License Number, Reporting Period, and FEIN or SSN: Complete the top portion of the schedule

Column 1: Carrier Name – enter the name of the company transporting the product

Column 2: Carrier FEIN – enter the carrier's FEIN

Column 3: IFTA Authorization Number – enter the IFTA carrier's authorization number

Column 4: Point of Origin – enter the location the product was transported from

Column 5: Point of Destination – enter the location the product was transported to

Column 6: Purchaser's Name – enter the purchaser's name

Column 7: Purchaser's FEIN – enter the purchaser's FEIN

Column 8: Date of Sale – enter the date the product was sold

Column 9: BOL Number – enter the identifying number from the invoice issued at the terminal when product is removed

Column 10: Billed Gallons – enter the number of gallons invoiced (circle Net or Gross to show how they were billed)